



PTO/SB/21 (01-03)

Approved for use through 04/30/2003. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/667,087
	Filing Date	September 18, 2003
	First Named Inventor	Iding et al.
	Art Unit	1626
	Examiner Name	
Total Number of Pages in This Submission	Attorney Docket Number	21824 US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<b>Remarks</b> -Request for Corrected Filing Receipt; -Copy of Declaration & Power of Attorney; -Copy of Express Mail Receipt; and -Copy of Return Post Card	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual	Kimberly J. Prior
Signature	
Date	February 18, 2004

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313 on this date February 18, 2004			
Typed or printed	Kimberly J. Prior		
Signature		Date	February 18, 2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.



Express Mail No. EL912164200US

Date Mailed: September 18, 2003

Docket No. 21824 Ser. No. \_\_\_\_\_ Filed: \_\_\_\_\_

Hans Iding, Synese Jolidon, Daniela Krummenacher, Rosa Maria Rodriguez-Sarmiento, Andrew William Thomas, Beat Wirz, Wolfgang Wostl, Rene Wyler

Title: 4-PYRROLIDINO-PHENYL-BENZYL ETHER DERIVATIVES

- |   |  |
|---|--|
| <input type="checkbox"/> Affidavit/Declaration                    | <input checked="" type="checkbox"/> Fee Sheet \$1,644.00                   |
| <input type="checkbox"/> Amendment <input type="checkbox"/> Final | <input type="checkbox"/> Info Discl. State <input type="checkbox"/> Suppl. |
| <input checked="" type="checkbox"/> Application <u>54</u> pages   | <input type="checkbox"/> w/refs. <input type="checkbox"/> w/o refs.        |
| <u>51</u> Claims <u>0</u> Drawings                                | <input type="checkbox"/> Letter/Response                                   |
| <input type="checkbox"/> Application Data Sheet                   | <input type="checkbox"/> Petition to Extend Time                           |
| <input type="checkbox"/> Appeal, Notice of                        | <input type="checkbox"/> Power of Attorney                                 |
| <input type="checkbox"/> Brief (in triplicate)                    | <input type="checkbox"/> Sequence List w/Computer                          |
| <input checked="" type="checkbox"/> Declaration (Unsigned)        | Readable & Paper Copies  |
| <input type="checkbox"/> Disclaimer                               | <input type="checkbox"/> Status Letter                                     |
| <input type="checkbox"/> Drawings, formal                         | <input type="checkbox"/> Transmittal Letter                                |
| <u>      </u> Sheets <u>      </u> Figures                        |  |
| <input type="checkbox"/> Other: _____                             |  |

Ref. No. 21824

F/U 9/28/03

U.S. PTO  
10/667087  
09/18/03  
KJP:JMR

Copy Sent to  
Department PLP



## POST OFFICE TO ADDRESSEE



EL 912164200 US

### ORIGIN (POSTAL USE ONLY)

PO ZIP Code <b>07012</b>	Day of Delivery <input checked="" type="checkbox"/> Next <input type="checkbox"/> Second	Flat Rate Envelope <input type="checkbox"/>
Date In Mo. <b>9</b> Day <b>18</b> Year <b>03</b>	<input checked="" type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	Postage \$ <b>17.85</b>
Time In <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM <b>2:37</b>	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Return Receipt Fee
Weight lbs. <b>12</b>	Int'l Alpha Country Code	COD Fee Insurance Fee
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance Clerk Initials <b>LRM</b>	Total Postage & Fees \$ <b>17.85</b>

SEE REVERSE SIDE FOR  
SERVICE GUARANTEE AND LIMITS  
ON INSURANCE COVERAGE

☐ **WAIVER OF SIGNATURE** (Domestic Only): Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.

NO DELIVERY ☐ Weekend ☐ Holiday Customer Signature

### CUSTOMER USE ONLY

#### METHOD OF PAYMENT:

Express Mail Corporate Acct. No.

**X070275**

Federal Agency Acct. No. or  
Postal Service Acct. No.

#### FROM: (PLEASE PRINT)

PHONE ( )

HOFFMANN LAROCHE INC  
PATENT LAW  
340 KINGSLAND ST BLDG 85/5  
NUTLEY NJ 07110-1150

Kimberly J. Prior, Esq.  
Case Docket No. 21824

#### TO: (PLEASE PRINT)

PHONE ( )

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

FOR PICKUP OR TRACKING CALL 1-800-222-1811 [www.usps.com](http://www.usps.com)



Customer Copy  
Label 11-F August 2000